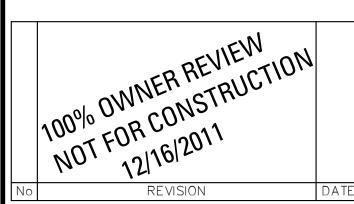


**GENERAL NOTES:** 

ALL DOMESTIC WATER AND WASTE TO BE RUN IN CRAWLSPACE. REFER TO PLUMBING CONNECTION SCHEDULE FOR BRANCH SIZE TAKE-OFFS TO PLUMBING FIXTURES.





1220 Marshall Street NE Minneapolis Minnesota 55413-1036 612.677.7100 612.677.7499 fax www.rsparch.com

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healthcare facilities solutions

<u>Structural</u> Van Sickle, Allen & Assoc. 2955 Xenium Lane N CONSULTANTS: Suite 10 Plymouth, MN 55441

10250 Valley View Road

Suite 113 Eden Prairie, MN 55344

<u>Landscape</u> Damon Farbar Assoc. 923 Nicollet Mall Minneapolis, MN 55402 DUNHAM Dunham Associates, Inc. 50 South Sixth Street / Suite 1100 Minneapolis, Minnesota 55402-1540 Fire Protection PHONE 612.465.7550
FAX 612.465.7551
WEB dunhameng.com
mechanical + electrical
consulting engineering
DUNHAM PROJ.# 0410137 Gary Travinski Associates Engineering

94 Boston Hill Larksville, PA 18651-3298

Signature

I hereby certify that this plan, specification or report was prepared by APPROVED: SERVICE LINE DIRECTOR DATE: APPROVED: INFECTION CONTROL NURSE me or under my direct supervision and that I am a duly licensed Engineer under the laws of the State of Minnesota. Registration No. Date 11/17/2011

DOMESTIC WATER RISER DIAGRAM LONG TERM / INTERMEDIATE PSYCHIATRIC UNIT Checker Author E: LOCATION 4801 VETERANS DR. SAINT CLOUD, MN

